



**BUSINESS LICENSE COMMISSION**  
**COUNTY OF LOS ANGELES**  
374 KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET  
LOS ANGELES, CA 90012  
(213) 974-7691



July 6, 2011

Pele P. Faletogo  
Samoan Federation of America  
833 W. Torrance Blvd  
Torrance, CA 90502

MEMBERS  
**STEVEN AFRIAT**  
*PRESIDENT*  
**RENÉE CAMPBELL**  
*VICE-PRESIDENT*  
**SARA VASQUEZ**  
*SECRETARY*  
**JAMES BARGER**  
*COMMISSIONER*  
**SHAN LEE**  
*COMMISSIONER*

**HEARING ON APPLICATION FOR BINGO OPERATOR/ BINGO MANAGER**  
**BUSINESS LICENSE ID #138017**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, July 13, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

**RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Twila P. Kerr  
Commission Staff

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

**CUSTOMER CODE : Z 91085**

**NEWSPAPER : .....TORRANCE DAILY BREEZE**

**PUBLISH 3 TIMES**

**1<sup>ST</sup> PUBLISHING DATE:.....06/23/2011**  
**2<sup>ND</sup> PUBLISHING DATE:.....06/30/2011**  
**3<sup>RD</sup> PUBLISHING DATE:.....07/07/2011**

**REPRINTS ORDERED: NONE**

**NOTICE ON HEARING TO CONDUCT**

**BINGO OPERATOR / BINGO MANAGER**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

**ADVANCE PROOF REQUESTED**

**ADDRESS OF PREMISES:.....833 W. TORRANCE BLVD**  
**.....TORRANCE, CA 90502**  
**NAME OF APPLICANT:.....SAMOAN FEDERATION OF AMERICA /**  
**.....PELE P. FALETOGO**  
**.....SAMOAN FEDERATION OF AMERICA**  
**DATE OF HEARING:.....07/13/2011**  
**TIME OF HEARING:.....09:00A.M.**

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD  
RELATIVE THERETO”**

**OFFICE OF THE COMMISSION:**

**OFFICE OF THE COMMISSION  
500 W. TEMPLE STREET RM. 374  
LOS ANGELES, CA 90012**

**RETURN TO:**

**LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012**



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: BINGO OPERATOR

ADDRESS OF BUSINESS: 833 W TORRANCE BLVD., TORRANCE, CA 90502

TELEPHONE: (310) 834-6403

OWNER OF BUSINESS: PELE P FALETOGO

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SAMOAN FEDERATION OF AMERICA

MAILING ADDRESS: 404 E CARSON ST., CARSON, CA 90745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	03/28/11	
<input checked="" type="checkbox"/> 3. Building & Safety	YES	05/11/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	02/11/11	
<input type="checkbox"/> 5. Public Health			
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	06/17/11	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	12/17/10	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/23/11	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	06/17/11	

Conditions:

BASIC LICENSE NO. 3802

DATE 06/20/11

IDENTIFICATION NUMBER 138017



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **BINGO MANAGER**

ADDRESS OF BUSINESS: **833 W TORRANCE BLVD., TORRANCE, CA 90502**

TELEPHONE: **(310) 834-6403**

OWNER OF BUSINESS: **PELE P FALETOGO**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SAMOAN FEDERATION OF AMERICA**

MAILING ADDRESS: **404 E CARSON ST., CARSON, CA 90745**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	<u>YES</u>	<u>06/17/11</u>	_____
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	<u>YES</u>	<u>06/17/11</u>	_____

Conditions:





Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 138017

APPLICANT INFORMATION

Applicant's Full Name: <u>Pele P. Falotogo</u>		
Home Address: <u>19802 S. Main Street #202, Carson CA. 90745</u>		
Home Telephone:	Cell Phone: <u>(310) 210-7301</u>	Email address:
Social Security #:	Date of Birth:	Place of Birth: <u>American Samoa</u>
Driver's License or State ID#:		Expiration Date: <u>1</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: <u>5'11"</u> Weight: <u>240</u>	Hair Color: <u>Blk</u> Eye Color: <u>Brown</u>

BUSINESS INFORMATION

Type of Business: <u>3531</u> <u>3802</u> <u>Bingo Operator &amp; Manager</u>	Address of Business: <u>833 W. Torrance Blvd Torrance, CA 90502</u>	
DBA (Business Name): <u>Samoan Federation of America</u>	Business Telephone: <u>(310) 210-834-6403</u>	
	Mailing Address: <u>404 E. Carson Street Carson CA. 90745</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>4/1994</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>Samoan Federation of America</u>		
Names of Officers	Addresses	Titles
<u>Pele P. Falotogo</u>	<u>19802 S. Main St. Carson CA. 90745</u>	<u>President</u>
<u>Florence Von</u>		<u>Secretary Board</u>
<u>Luifano Vonfeld</u>		<u>Treasurer</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 12/9/10 Applicant's Signature: [Signature]

Application taken by: \_\_\_\_\_ Date: \_\_\_\_\_

KK



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
REVENUE & ENFORCEMENT DIVISION  
BUSINESS LICENSE SECTION



TO: DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>th</sup> FLOOR, ROOM 1360  
LOS ANGELES, CA 90012  
(213) 974-6411

FROM: BUSINESS LICENSE SECTION  
225 N. STREET AVE., ROOM 109  
LOS ANGELES, CA 90012  
(213) 974-2011

MONDAY thru THURSDAY 7:30 AM - 6:00 PM - CLOSED FRIDAY  
DEPARTMENT OF REGIONAL PLANNING REQUIRES A FEE: \$341.00

RBUS#

201000455

DATE:

12/9/10

ID#

138017

TYPE OF BUSINESS AND CODE:

Bingo Operator

BUSINESS ADDRESS:

833 ~~733~~ W. Torrance Blvd (Alpine Village)

CITY:

Torrance

ZIP CODE:

90502

NAME OF OWNER:

Pete P. Falotago

D.B.A. / NAME OF BUSINESS:

Samcan Federation of America

MAILING ADDRESS:

1404 E. Carson Street, Carson, Ca. 90745

PHONE NUMBER:

(310) 210-7301

ZONE:

M 1 1/2

EXISTING USE: YES ☒ NO ☐

USE PERMITTED IN ZONE:

M 1 1/2

USE NOT PERMITTED IN ZONE:

APPROVED

✓

DENIED:

REMARKS:

Approved per PP12896 (see approval date 4-20-94)  
Hours of operation are 5pm-10pm on Mondays only.

SIGNATURE:

Business License Approval

12-13-10

REGIONAL PLANNING STAMP

Department of Regional Planning  
320 West Temple Street, Room 1360  
Los Angeles, CA 90012

t:fh



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: BINGO OPERATOR

ADDRESS OF BUSINESS: 833 W TORRANCE BLVD., TORRANCE, CA 90502

TELEPHONE: (310) 834-6403

OWNER OF BUSINESS: PELE P FALETOGO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SAMOAN FEDERATION OF AMERICA

MAILING ADDRESS: 404 E CARSON ST., CARSON, CA 90745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT  
LA COUNTY**☒ APPROVAL☐ DENIALRECOMMENDATION: meets bond requirements for Bingo  
mg.SIGNATURE: Kerry FuseDATE: 3/28/2011

BASIC LICENSE NO. 3802

DATE 03/25/11

IDENTIFICATION NUMBER 138017

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: BINGO OPERATOR

ADDRESS OF BUSINESS: 833 W TORRANCE BLVD., TORRANCE, CA 90502

TELEPHONE: (310) 834-6403

OWNER OF BUSINESS: PELE P FALETOGO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SAMOAN FEDERATION OF AMERICA

MAILING ADDRESS: 404 E CARSON ST., CARSON, CA 90745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*The application has been approved  
in the past.*

SIGNATURE:

*Roy L. Dani*

BASIC LICENSE NO. 3802

DATE 12/17/10

County of Los Angeles  
Department of Public Works  
Building and Safety Division  
Southwest District Office  
4320 West Imperial Highway  
Los Angeles, CA 90044  
(323) 820-6500  
IDENTIFICATION NUMBER 138017



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

911-00070

KIND OF BUSINESS: BINGO OPERATOR

ADDRESS OF BUSINESS: 833 W TORRANCE BLVD., TORRANCE, CA 90502

TELEPHONE: (310) 834-6403

OWNER OF BUSINESS: PELE P FALETOGO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SAMOAN FEDERATION OF AMERICA

MAILING ADDRESS: 404 E CARSON ST., CARSON, CA 90745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT  
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION:

*Approved Recommender*

SIGNATURE:

*[Signature]*

DATE:

*6/6/11*

BASIC LICENSE NO. 3802

DATE 01/28/11

IDENTIFICATION NUMBER 138017

Jan-27-2011 01:55pm

From-LACOFD FIRE MARSHAL

3238904055

T-114 P.003/005 F-96Z

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

CRL

KIND OF BUSINESS: BINGO OPERATOR *WAS TWO BINGO TAKES PLACE AT ALPINE VILLAGE.*ADDRESS OF BUSINESS: 404 E CARSON ST., CARSON, CA 90745 *THIS IS BUSINESS OFFICE ADDRESS.*

TELEPHONE: (310) 834-6403

OWNER OF BUSINESS: PELE F FALETOGO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SAMOAN FEDERATION OF AMERICA

MAILING ADDRESS: 404 E CARSON ST., CARSON, CA 90745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: DATE: 2-8-11

BASIC LICENSE NO. 3802

DATE 12/10/10

IDENTIFICATION NUMBER 138017